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ABSTRACT

Intended for program developers, the document discusses Level I programs for mainstreamed handicapped children in the state of Maryland (Level I services are those that can be provided in the general education classroom with supplementary services and aids not provided in the general program). An introduction to Level I services is presented, covering such aspects as Level I and the law. Level I services as they are currently being provided in Maryland are examined. Three models of service delivery from around the country which are consistent with Level I parameters are described: Functional Analysis Systems Training, New Adventures in Learning, and the Vermont Consulting Teacher Program. Two aspects of the educational consultation milieu are discussed: the establishment of consultation as an effective tool within the framework of available local education agency services, and the utilization of an operational procedure to achieve a consistent level of success. An annotated bibliography of 22 books and articles on consultation, mainstreaming, appropriate programs within the least restrictive environment, and relevant practices is presented, along with a sample of the survey utilized to obtain data from Maryland county directors of special education, and a chart of the Maryland Continuum of service levels for handicapped children. (DLS)

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A RESOURCE MANUAL FOR PROGRAM DEVELOPERS

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BALTIMORE, MARYLAND

with the

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FOREWORD

For some time now educators have been working toward the goal of educating handicapped students in the least restrictive, appropriate environment. For some, Public Law 94-142 has become known as the mainstreaming law, portending the placement of all handicapped in general education classes. Clearly, this is neither within the letter nor intent of P.L. 94-142. On the other hand, the law does mandate that handicapped students must have a continuum of alternative placements available to them. Many handicapped students are receiving at least a portion of their education in general education classes. Many of these students have special needs for services beyond what is normally available in the general program, but can be appropriately educated in the general education class with supplementary aids and services. Level I services are designated to meet the needs of these students. The provision of Level I services can determine the difference between success or failure of a handicapped student.

All too often the literature in both special education and general education has told us that children who have handicaps are being placed in general education classrooms without appropriate Level I services.

Level I services are essential if handicapped students are to reach the goal of equal opportunity. We have moved beyond the wholesale segregation of handicapped children in separate classes and facilities. We must also move forward in assuring that the education received by students with handicaps is appropriate to their unique needs. The general education class can be a very restrictive placement for a handicapped child who is rejected by a nonhandicapped environment. Only when a student's needs for Level I services are fully provided along with services needed at other Levels can we assure that the student is receiving an appropriate education in the least restrictive environment.

CHAPTER I: INTRODUCTION TO LEVEL I SERVICES

Maryland Bylaw defines Level I services as follows:

> Level I may be considered appropriate for the child who has been identified through the educational assessment as having an educational handicap in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served in the general education program receiving supplementary services. Level I is designed to assist the nonspecial education teacher in the development and implementation of a special education IEP through the provision of supplementary services which are not provided in the general program. Services provided include direct or indirect instructional consultation services to the teacher, and/or the provision of special materials and equipment. The minimum staffing ratio for Level I service shall be one full-time equivalent professional for each 150 nonspecial education teachers employed by the local education agency.

Level I and the Law

Of the different concepts contained in P.L. 94-142, least restrictive environment is perhaps the most complex. No other aspect of this law has greater impact on students and influence on the environment in which they are educated. Perhaps no other aspect of the law has presented as much controversy and confusion.

This section begins with the least restrictive environment concept in P.L. 94-142 because it is this aspect of the law which the Level of services concept in Maryland Bylaw 13.04.01 delineates (p.64).

The least restrictive environment concept states that each public agency shall insure:

1. That to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and

2. That special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

The regulations further state that each public agency shall insure that a continuum of alternative placements is available to meet the needs of handicapped children for special education and related services.

Maryland Bylaw 13.04.01 delineates the concept of "continuum of alternative placements" into Levels of service. Like the Cascade of Services Model developed by Evelyn Deno, the Levels of service reflect an intensification of need for service as one moves through the Levels from I to VI. The Bylaw defines the Levels along two dimensions: the environment in which service is delivered, and the frequency with which service is delivered. As one moves through the Levels of service, the environment in which the service is delivered becomes more special/more restricting and the frequency of the need for intervention increases.

Level I is designed for the child who has a handicap which is causing an adverse effect on the child's educational program.

Like all of the Levels of service, in order to be eligible for special education the student must be handicapped and the handicap must be adversely affecting the student's educational program. The possibility of Level I service does not imply that the child has any less rights guaranteed in the state and federal regulations. All students suspected of being in need of special education must receive a full and individual evaluation. Each student's IEP must be based upon the unique need of the handicapped student, including the student's needs for Level I service.

Level I is an indirect service to the handicapped child.

Level I is unique among the Levels of service in that it is defined as indirect service to a handicapped student. It is for this reason that the definition uses a staff to staff ratio, rather than a staff to child ratio.

Level I is designed to assist the non-special education teacher.

The indirect service receiver will always be a handicapped child. The direct service receiver will always be the child's non-special education teacher. There are many different contexts in which consultation occurs (i.e., between special educators and speech teachers, between general educators and special educators, etc.). Level I services are restricted, by definition, to services received by the child's non-special education teacher. It is the essence of Level I service that it is indirect support to the handicapped child

within the regular classroom environment.

Level I services are described by inclusion and exclusion in the definition.

Level I includes the provision of:

- direct or indirect instructional consultation
- special material
- special equipment

Level I services exclude those services available to children as a part of the regular program.

The provision of Level I services is not restricted to direct one-to-one consultation. Indirect instructional consultation includes the provision of instructional support to a general educator through other means than just one-to-one, direct, instructional consultation. For example, if a handicapped child is in need of an instructional or behavioral management strategy identified in the child's IEP, the general educator may take an in-service workshop or course to learn the strategy. In this example, the in-service instructor provides indirect consultation at Level I.

Direct and indirect instructional consultation to the handicapped child's non-special education teacher should not be confused with direct and indirect service to the handicapped child.

Level I services must be reflected in the child's IEP.

The definition of Level I states that "Level I is designed to assist the non-special education teacher in the

development and implementation of a special education IEP." As defined, the IEP is a plan to meet the handicapped student's unique needs. It is the individual specification of the least restrictive appropriate educational program. As such, the IEP is a natural focal point for educational management and planning. If the student is receiving all or part of his or her education in the general education classroom, the IEP team should identify the student's needs for Level I services, and the plan to meet the identified needs should be reflected in the student's IEP.

Level I services are often needed by children receiving other Levels of service concurrently.

There are approximately 57,297* (61%) handicapped children in Maryland who are currently receiving at least a part of their education in general education classrooms (students receiving Level II and/or III services). There are approximately 5,121 (5%) handicapped students who are currently receiving all of their education in the general classroom environment with only Level I services. The total number of handicapped students in Maryland who are receiving interventions at Levels I through V is 92,801, approximately 99 percent.

The provision of support to the general classroom teacher has become a major priority for the Maryland State Depart-

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*From Special Services Information System data submitted as of December 1, 1979.

ment of Education, Division of Special Education, the Bureau of Education for the Handicapped, and many of the local education agencies in Maryland. It is clear that the need is great. The development of Level I services is one way to address this need using an ongoing individualized approach.

Decisions as to least restrictive environment and Levels of service must be based upon the unique needs of the individual child. Only when the nature and severity of the child's handicap is such that education in general education classes with supplementary aides and services cannot be satisfactorily achieved, should the child be segregated from the regular environment and then only to the extent necessary. In determining the appropriate placement, Section 504 of the Rehabilitation Act of 1973 tells us that "... it should be stressed that, where a handicapped student is so disruptive in a regular classroom that the education of other students is significantly impaired, the needs of the handicapped child cannot be met in that environment. Therefore, regular placement would not be appropriate to his or her needs and would not be required by §84.34."

Both the impact of the environment upon the student and the impact of the student upon the environment must be assessed to determine the appropriateness of a general education placement and to delineate the Level I needs of a student.

Level I and the student.

P.L. 94-142 is known to some as "the mainstreaming" law. The review above makes clear that the interpretation that "all handicapped students must be educated in regular classrooms" is a myth. Many factors go into deciding the appropriate levels of service for a child. Both the impact of the environment on the child, and the child's impact on the environment must be assessed if the student's needs for Level I services are to be identified. The input of the regular classroom teacher as part of the evaluation team is essential to the development of a sound and appropriate IEP. No other staff member has the day-to-day interactions with the student in identifying the needs of the student in the general education classroom.

Perhaps the largest group of students who have potential need of Level I services are those who are receiving some direct special education intervention while also receiving a part of their education in the general classroom. Consider a hypothetical child named Mike. Mike is an eight-year-old handicapped child receiving special education classroom instruction from a resource room teacher for two hours a day. The rest of the school day Mike is in a general education class with nonhandicapped peers. Mike's regular class teacher helped develop Mike's IEP. The IEP team identified two areas which could cause difficulties for Mike in the general education class. First, Mike is not able to attend to tasks sufficiently. This causes him to have

trouble with completing classroom assignments satisfactorily. Second, Mike's social interaction skills can often cause him difficulties in relating to his peers, both in social and group work situations. These two needs translated into annual goal statements in the IEP and joint responsibility was assigned to Mike's general education teacher and the special education resource room teacher at Level I. The general education teacher in consultation with the resource teacher developed a plan which addressed these annual goals. The resource room teacher consults periodically with the general education teacher, specifying and monitoring progress on the plan.

Another group of students who may have need of Level I services are children who are increasing the portion of their school program which they spend in general education classrooms. Consider Marcus, a handicapped child who is receiving his educational program as a full-time student in a specially designed environment (facility). Marcus is preparing to receive his program in a regular school next year with direct services at Level III and the remainder of the day in regular classes. Marcus may have need for Level I service support. As part of a transition plan, Marcus might begin by attending the regular class once a week for an hour or two. It is critical even at this early stage to assure that the needed indirect services are available. In this case, the IEP identified a Level I liaison teacher to help identify Marcus' Level I service needs and to consult with Marcus' general education teacher in meeting those needs.

Finally, consider Sally, a partially sighted student who can learn appropriately in a regular education environment when provided with adapted materials (e.g., large print) or when the environment accommodates her (e.g., she sits close to the action). The general class teacher and an itinerant vision teacher may be assigned joint responsibility on the IEP in assuring that Sally has the large print materials available to her and the classroom design works for her.

Like the other Levels of service, it is the task of the Admissions, Review and Dismissal Committee (ARD) to assure that the student's needs for service at Level I are identified in the evaluation and that appropriate provisions for services are specified in the student's IEP.

Level I is crucial to the success of many handicapped children who are receiving at least a portion of their education in the general education classroom. The brief examples above highlight the need for Level I services by three different handicapped children. No single model is always the most appropriate, but through the provision of services at Level I ongoing support can be provided to handicapped children in general education programs.

CHAPTER II: SERVICE DELIVERY MODELS

This chapter is concerned with a) Level I service as it is currently being provided in Maryland, b) models of service delivery consistent with Level I parameters which have been chosen from the programs approved for dissemination as part of the National Diffusion Network, and c) a summary section of exemplary or essential practices which achieve successful educational consultation. The information on Level I service in Maryland is provided by county directors of special education in twenty Maryland counties. The models chosen from the National Diffusion Network for review and discussion were selected because they appeared to be consistent with the range and patterns of programs currently available in Maryland. Finally, principles which achieve successful consultation practices are gleaned from the models reviewed and from the consultant literature and are summarized for consideration and comparison to local practices.

Level I Services In Maryland

The information provided here is developed from the responses of the Directors of Special Education of most of the school systems in Maryland. A seven-question survey on Level I services was developed by an input team composed of

local and state special education personnel. They felt that a picture of the range of practices in the state could be useful as part of a management tool concerned with Level I services. Such a picture has guided selection from nationally validated service models. We chose those which could be usefully discussed as models with components relevant to Maryland's needs. The survey was modified slightly by the Mid-East Regional Resource Center (MERRC) in order to note any patterns of service provision related to county size. A copy of the survey is included as part of the chapter on resources.

1. Level I services are provided by (check appropriate alternatives):

   7 special education teachers delivering Level I services, full time

   19 special education teachers delivering Level I services and another Level(s) of service, concurrently

   18 related services personnel

   7 other (please specify)

Practically all of the twenty counties responding to the survey indicated that they have special educators delivering both Level I services and another Level of service. If you visualize the counties as small, medium or large--

Small	Medium	Large
Dorchester	Charles	Baltimore City
Calvert	Frederick	Prince George's
Talbot	Carroll	Baltimore County
Calvert	Garrett	Montgomery
Worchester	Allegany	Anne Arundel
Kent	Wicomico	Howard
Queen Anne's	St. Mary's	Harford
Somerset	Cecil	Washington

(rank ordered by population)

--one of the small counties responding has one special educator delivering Level I services full time. Two of the medium counties have full-time Level I service providers, and four of the large counties have such full-time personnel. Eighteen of the counties are using their related services personnel to provide some Level I services: speech therapists, physical therapists, psychologists, occupational therapists, counselors, etc. Some examples of "other" kinds of personnel providing Level I services are principals and other administrators, including Directors of Special Education and other supervisors. The matrix on the following page provides a picture of the distribution of service providers over types of Level I services (Table 1/p.14).

2. Does the local education agency have requirements concerning the caseload or ratios of Level I service providers to regular educators or to special education students?

5 Yes 10 No (5 Bylaw)

If yes: Caseload limit is 50, 60, 115, 150 regular education teachers per Level I service provider.

Caseload limit is ____ special education students per Level I service provider.

TABLE 1

Types of LEVEL I services	LEVEL I Service Provider	Special Education Teacher	Diagnostic Prescriptive Teacher	Speech and Language Pathologist	Psychologist	School Nurse	Occupational Therapist	Physical Therapist	Counselor	Others
Consultation concerning resources, techniques, and strategies for instructional programming.	19	14	19	17	4	14	13	5	6	
Consultation concerning the integration of handicapped children with nonhandicapped children.	18	10	14	11	7	11	10	6	5	
Provision of special material and/or equipment.	16	9	13	3	2	13	12	2	3	
OTHER (specify)	1	1	2	3	2	2	2	1	1	

Question 2 was concerned with the caseload requirements: the ratio of Level I service providers to general educators. Most counties indicated they were consistent with Maryland Bylaw, but in three counties the ratios were 1:50, 1:60 and 1:115.

3. Does the local education agency use a specific model or models for implementing Level I services?

4 Yes 13 No

If yes: please briefly identify and describe the model below:

_____

The most frequent model of service delivery was utilizing the special educator to provide both Level I and another Level of service (Questions 1 & 3). While the process, stages, steps,or core tasks involved in providing such service were not described in the survey responses, a comparison of direct and indirect service delivery follows to aid discussion.

Direct service involves the service provider in one to one or small group contact with the child while indirect service consists of consultation with the general education teacher.

Direct Service	Indirect Service
1. During the initial period of program implementation, the teacher providing the direct service further defines and determines the specific deficit and strength areas of the child in order to appropriately modify or choose curriculum.	1. During the initial period of program implementation, the "consulting" teacher helps the classroom teacher define and refine the global understanding of the problem area into specific target behaviors to which they can develop an appropriate curricular response.
2. With the goal of curricular modification, the direct service provider usually utilizes some method of specific performance assessment to establish a starting point for instruction.	2. Consistent with the utilization of an individually modified curricular response, the "consulting" teacher will seek to reduce any discrepany between the child's potential performance level and the teacher's level of expectation. The "consulting" teacher will help the classroom teacher consciously establish the criteria of acceptable behavior and the performance measures which will be utilized. This process can bring the desired outcomes into sharp focus for the teacher.
3. The direct service provider designs an educational program consistent with the IEP and sequences to ensure continual success in learning by the child.	3. The "consulting" teacher assists the classroom teacher in the design or modification of instructional materials, through the provision of alternate instructional materials, or occasionally, by providing feedback, through observation, on the effectiveness of alterations in teaching style or method, all of which are designed to achieve the goals and objectives of the IEP.

4. The direct service provider usually provides one to one or small group instruction in order to guarantee the child a consistently high degree of individual attention. This can be necessary because of the magnitude of the performance deficiency which prevents progress in group work.	4. The "consulting" teacher assists the classroom teacher to monitor the child's progress to determine the success of the program and to revise the program as necessary.
5. The instruction managed by a direct service provider is based on continuous performance measures which allow the teacher to determine if the intended changes are occurring and to note when performance has reached criterion.	5. The "consulting" teacher provides other consultation as needed and at the request of the classroom teacher.

In addition to having their direct service providers provide indirect service--consultation to general education teachers--as needed, some counties did indicate that they use specific models for indirect service without describing the models. Terms used for some of these models are: diagnostic prescriptive teachers, senior teachers (at the building level, elementary), department heads (at the building level, secondary), special education helping teachers, county resource teachers, mainstreaming/inservice special education teachers, and instructional specialists.

4. Does the local education agency currently provide inservice training to Level I service providers?

12 Yes 7 No

If yes: please describe briefly:

_____

The generality of the responses to this question does preclude an absolutely definitive statement of what is being provided in the way of inservice in Maryland counties. None of the respondents specifically identified inservice devoted to either the methodology of consultation or the personal skills associated with consultation. However, several counties could be providing such training and several counties did indicate the need for such inservice in response to Question 6. The examples of inservice provided include such topics as: specific task related, SSIS forms, ARD process, IEP writing, evaluation, and all MSDE workshops.

5. Check the funding sources the local education agency is presently using to provide Level I services:

17	94-142 Part B	1	Title VI-C
6	89-313	2	Voc. Ed. (P.L. 94-482)
16	Local	2	Other (specify)
12	State		

The larger counties utilized a greater variety of funding sources than the smaller counties. "Other" sources included CETA and Title IV-C.

6. Please specify below the local education agency's priority needs concerning the provision of Level I services.

The needs specified fall into three areas a) inservice, b) policy development or clarification, and c) model development. Of course, the needs identified do not always conveniently restrict themselves to just one of those areas, being a reflection of real problems in all their complexity.

A. Inservice

The identified needs which spoke to inservice are divided into four topics: 1) involving general education teachers with Level I service, 2) skills specific to Level I service providers, 3) skills useful to all teachers, administrators and related service personnel, and 4) skills for specific task groups. While there was very little repetition between counties in the needs statements, #s 1 and 2 above are the most common needs. To handle #1 specifically, the barriers to the involvement of regular class teachers still seem to be attitudinal and focused on general education teachers accepting help and feeling adequate to manage children identified as handicapped when they have such help. The skills training identified as needed by Level I service providers are consultation skills and identification, selection, modification and adaptation of curriculum, materials and instructional techniques.

There were several other inservice needs specified singly by counties that seem to address skills appropriate

to all public school personnel and these included techniques on working with parents, coordination of services within counties, public relations skills, and time management. Training was also seen as needed by ARD/Assessment teams to translate their results into Level I services specifically.

B. Policy Development and Clarification

Some counties identified among their needs a specific need for policy clarification or other management assistance emanating from the state level. Examples include 1) definition of Level I services with clarification about the service recipient (general education or non-special education), 2) identification of the target population (clear distinction between Level I and Level II students), and 3) clear differentiation between direct and indirect service. Chapter I focused on such distinctions as a result of the survey. Additionally, some counties felt that a different funding formula is needed, additional staff are needed, or simply funds for substitutes for released time and other workshop attendance incentives would go a long way towards improved instruction.

C. Model Development

Three counties expressed a desire for some sort of state-approved model for Level I service. This desire ranged from 1) various approved models, to 2) a clear definition of a Level I job description and goals, to 3) a specific model for service delivery, allocation of resources and the

documentation of services. Other needs expressed which relate to the above were some means of monitoring therapists/specialists and some means of monitoring student progress within Level I.

Model Descriptions

All of the preceding survey information, especially the needs expressed for inservice, definitions, model development, and the pattern of part-time service delivery by special education teachers and related services personnel, influenced the choice of models to represent existing alternative approaches to Level I services. Two of the models described below are currently being disseminated by the National Diffusion Network and are available for local replication as well as on-site visits and training. This is a sampling of possible alternatives used as examples, responsive to the survey, and is not to be construed as approved or mandated by the State Education Department. Please consider these models for their structure and components as a useful basis of comparison to the local approach.

This section will describe three models which handle service delivery to the mildly handicapped under different conditions and from different perspectives. The three models are 1) Functional Analysis Systems Training (FAST), 2) New Adventures in Learning (NAIL), and 3) The Vermont Consulting Teacher Program. These models are described in a narrative fashion in the order indicated utilizing information

available from the literature. While no format was utilized because of the small number, the principles of successful practice which form a summary section to this chapter are gleaned in part from these models.

Project FAST: Functional Analysis Systems Training

An economical system for the delivery of educational services to children with learning disorders within the regular classroom.

FAST's Goals

Project FAST is a nationally validated project developed to meet two primary tasks: 1) provide more effective educational service to learning-disordered children by providing training to the mainstream teacher so that (s)he can become aware of the totality of a given child and be able to implement solutions to that child's problems on an ongoing basis; and 2) provide more efficient delivery of support service to the mainstream teacher in her/his efforts to help children overcome their problems and fulfill their optimal learning potential. Thus, Project FAST provides direct services to teachers in two ways: 1) through direct teacher training in nine identified areas, and 2) through support from specialists in the form of practical classroom recommendations.

Project FAST conceptualizes a delivery of educational services in terms of modules of school personnel who are individually capable of delivering ongoing specialized services to the individual child. In the first service

module (Module I), it is more effective and efficient for the mainstream teacher to have the training to deliver the bulk of service to most of the children within a classroom. Through retraining, the building principal then becomes the first line of support to the teacher in delivering comprehensive service to the vast majority of children.

In the second service module (Module II) are school personnel who provide additional support to the teacher and the building principal. Module II is formed by retraining school psychologists, speech pathologists, reading specialists, or other available ancillary personnel so that they provide twofold service: 1) generalized support to mainstream teachers in terms of classroom management, enrichment, identifying the causes of individual learning problems, aiding in the implementation of specific educational prescriptions, etc., and 2) consultation to other support persons in accord with their background on disciplinary training, focusing on a given child's particular area of need with which another teacher may not be familiar. By retraining specialists to fulfill these two missions, service from those persons becomes more economical. Specialists assisting a greater number of teachers in turn provide help to a much larger number of children, making this service an effective use of specialists.

Once a referral is made, personnel from Module II visit each classroom at least once a week. During this visitation, Module II personnel might observe in the classroom or work with the targeted child to determine appropriate teaching

strategies which the teacher can implement. Information gained during such sessions is shared during regularly scheduled conferences between specialist and classroom teacher. This facilitates rapport between the support staff and the mainstream classroom teacher and also facilitates a reduction in the time lag between identification and treatment for the learning disordered child. Since the support staff is in the classroom at least weekly, recommendations for treatment are made in the context of the classroom teacher's skills and the classroom setting. Therefore, the serious problem of the classroom teacher's inability to carry out often unrealistic recommendations of specialists has been eliminated.

In the third service module (Module III) consultants and specialists from the community are used to help find solutions to those relatively few problems for which personnel in Modules I and II cannot find satisfactory solutions.

Project FAST develops a comprehensive, synergistic delivery system with teachers, parents, consultants, and administrators targeting in a systematic manner on the developmental and learning processes of specific children. It is a delivery system focused on the developmental and learning processes. The teachers' participation, the specialists' support, the parent involvement, the utilization of learning materials, the organization of the classroom, the sequencing of instructional modules, and the context of experiential learning all converge on the same objective:

> To accommodate almost all students--slow and fast --as they progress toward optimal functioning in the regular classroom learning environment in an ongoing diagnostic, prescriptive, and evaluative process.

FAST's Rationale

A fact-centered delivery system of education is neither effective nor efficient. The delivery system must center on the learning processes. The system must support classroom teachers so they have the tools they need to understand a child's learning process even when it is disabled. That understanding requires 1) training in the understanding and application of nine basic teaching tools, 2) a reliable road-map of the learning system, and 3) a delivery system which incorporates a change process.

Diagnostic Prescriptive Teaching System

This material, developed in the context of the project, provides the individual teacher in the mainstream of education with a conceptual framework and a teacher's tool kit. The conceptual model places emphasis upon a consistent framework within which a student's performance at educational tasks can be informally and formally assessed and the assessment applied to educational programming. The task is to constantly evaluate how the student's learning system is functioning and to utilize the student's strategies for learning.

To develop this model, nine teacher tools are developed for the classroom teacher as follows:

1. Classroom Management. The classroom teacher is led through a series of decisions on grouping procedures, room arrangement, scheduling, rules of the room, and introducing learning centers. The goal is to enable the teacher to change her classroom environment to one that is conducive to diagnostic/prescriptive activities.

2. Behavior Management. The classroom teacher is given strategies to support emotional, psychological, and social development. Consistency is stressed, and teachers are urged to share the purposes for rules and their successes and failures throughout the adoption year.

3. Deciphered Developmental Levels. The teacher is provided with a developmental subskill hierarchy which is sequenced. The teacher also receives a developmental checklist which assists in diagnosing the educational tasks a student can and cannot do to place him in the subskill hierarchy. In this way, classroom teachers can risk diagnosing and prescription writing. (It should be remembered that educational specialists are visiting the classroom weekly and can facilitate and support this effort.)

4. Classroom Observation. The teacher is taught to seek out specific tasks and to make careful observations in terms of the development hierarchy.

5. Educational Prescription. Provides the teacher with a specific process to deal with individual students as follows:

   a. Gain new data concerning skills.
   b. Identify needs which the specialist might address in his regular classroom.
   c. Identify progress or lack of it.
   d. Establish a base for new needs, methods, and skills.

   In the training process, the teacher picks an individual student and is led through this process.

6. Task Analysis Skills. The teacher is trained to discover the parameter of any specific learning task as it applies to an individual. Worksheets and examples aid in the development and practice of this skill.

7. Parental Involvement. Training in the conduct of parent-teacher-child conferences enables the teacher to utilize the parent's input and to instigate helpful home activities.

8. Educational Specialists. Suggested successful change agent practices are shared with teachers and educational specialists to expedite utilization of service available to the classroom.

9. Sharing Educational Strategies. A forum is created to facilitate the exchange of ideas, practices, and practical experience among teachers as they implement the program.

An implementation checklist is used as a followup instrument which enables each teacher in identifying his/her growth and areas of need. It identifies common pitfalls in the adoption process so that they may be avoided or diffused.

Further information concerning facility requirements, visitation information, demonstrations, training materials, and training are available from:

Mr. Herb Escott, Project Director
Ms. Sonja Tweedie, Dissemination
303 Pine Street
Essexville, Michigan 48732
517/893-4533

or

Raymond H. Hartjen
Maryland Facilitator Project/Educational Alternatives, Inc.
P. O. Box 265, Simms Landing Road
Port Tobacco, Maryland 20677
301/934-2992

Many written materials are available upon request.

NAIL: New Adventure in Learning

The Leon District School System began New Adventure in Learning (NAIL) in response to several educational concerns:

- What procedures could be designed to remediate the student language arts deficits, an area identified as the most pressing need in the county instructional program?
- How could teachers more adequately provide for the significantly different learning characteristics and levels of language development in individual pupils and still meet their common needs for developing language concepts and common skills?
- How could the language deficit, which is consistently reported as a primary factor in the academic failure of culturally disadvantaged children, be remediated?
- How could children be taught to use cognitive-communication skills in information seeking, problem solving and creative tasks in the various curriculum areas?

To meet these needs, a teacher training program was designed and placed in the setting of open space classrooms. The program is based on the belief that K-three teachers can gain new skills in individually diagnosing children's language development, in pin-pointing desired language arts behaviors and in providing enriched educational tasks and settings thereby promoting each child's success commensurate with his ability. The way each child sees himself is a critical factor in his success, thus techniques were used to help children establish "success cycles" both in academic and social behavior.

The most innovative aspect of the project is "individually determined instruction" coupled with positive behavioral principles. Teachers must feel an obligation to provide the best possible learning opportunities for each child. NAIL teachers try to do this by planning an instructional

program to accommodate the wide range of differences found in a single class. Diagnosis is the key to this planning. NAIL teachers learn as much as they can about each child--a) instructional reading level, independent reading level, and skills mastery from informal reading inventories and assessments; b) auditory and visual abilities from standardized tests and criterion measurements; c) interests, willingness to tackle and stick with new jobs, self concept and such from careful observation. In other words, they use everything they can--independent work, one to one interaction, small group and large group situations--to watch the child and see what he needs. Such diagnosis gives definite information about the strengths and weaknesses of the learner. Having done this, instruction makes the most of the strengths and directly attacks the weaknesses.

It must be emphasized that diagnosis is not a one-time thing; it is continuous and used for determining all instruction. This is different from past procedures where a placement test was given at the beginning of the school year and then repeated in the spring to see what skills had been mastered. By using diagnosis as an ongoing process, instruction becomes individually determined. Materials and activities become tools for attaining specific objectives and no longer tend to dictate the program.

This process is applied to all areas of language arts, i.e., reading, spelling, grammar, handwriting, creative writing, and thinking skills. New Adventure is provided for

all children normally assigned to an elementary school. Thus, all the teachers use a prescriptive teaching approach in their classrooms.

Project NAIL's Objectives

I. To develop an activity centered language arts program for each pupil, kindergarten through third level. Through instructional programs based on assessed needs:

   a. Pupils who do not have severe physical, emotional, or neurological handicaps will achieve in reading at or above expected levels as measured by continuous direct measurement of daily frequencies of pupil performance and by the Gilmore Oral Reading Test.

   b. Disadvantaged pupils will significantly increase their verbal learning ability as measured by continuous direct measurement of daily frequencies of pupil performance and by the ITPA and/or the Peabody Picture Vocabulary Test.

   c. Third level pupils will achieve at or above expected levels in spelling, mechanics of writing, and study skills as measured by continuous direct measurement of daily frequencies of pupil performance and by the Comprehensive Test of Basic Skills.

II. After appropriate training, teachers will maintain a positive school atmosphere through the use of reinforcement techniques which are 80 percent positive as measured by continuous direct measurement of daily frequencies of teacher performance.

Subobjectives Related to Both I and II

   a. As a demonstration of self-directed behavior, pupils will maintain on-task academic behaviors 75 percent of the time while engaged in academic tasks, to be measured by continuous direct measurement of daily frequencies of pupil performance.

b. Pupils will make instructional choices appropriate to their abilities as measured by continuous direct measurements of daily frequencies of sample pupil performance.

c. Pupils will demonstrate a positive attitude toward school as measured by the "How I Feel Attitude Inventory for Primary Pupils." In addition, selected pupils will keep daily records of frequency of positive and negative feelings for analysis.

d. Pupils will demonstrate acceptance of pupils who achieve at different levels than themselves. This will be measured by sociograms done at the beginning, middle, and end of the year.

Instructional Materials

In the past, one set of well-written materials could be used by a teacher as the basic program for all students. In fact, sometimes the materials became THE PROGRAM. This is not the case in NAIL's individually determined program. To have the best possible program for each child, teachers need a good supply of materials covering a wide range of abilities, subjects, and interests. In this context, many kinds of instructional materials designed to meet a variety of situations have been used and evaluated. Generally, materials are used for diagnosis, children's assignments, independent study, and activity centers. The most important aspect of the individually determined instruction is to develop certain behaviors stemming from indicated needs. While other factors interact with this goal, instructional materials certainly are a key to success.

A portion of the teacher training program allows participants to examine and use a variety of instructional

materials. A self-instructional module helps the participant learn how to use the materials in designing individually determined reading prescriptions.

Facilities

The style of a facility in no way prohibits successful use of the program by any staff dedicated to its success. The project has been used successfully in hundreds of schools --large and small; inner city, small city,and rural; self-contained and open space.

Materials

Materials in the project include basal texts, reading kits, programmed tests and workbooks, linguistic tests and workbooks, audio-tapes and filmstrips. Teacher constructed materials are also used. Equipment consists of language masters, filmstrip projectors, listening stations, overhead projectors, record players and 8 mm. film loop projectors.

The availability of such materials, their number and variety, determines the only additional expense in this area. A REASONABLY WELL-EQUIPPED SCHOOL MAY HAVE NEED FOR LITTLE ADDITIONAL MATERIAL, but may need to better utilize that which it has available.

Training

In order to adopt the program or significant parts of the program, a number of important elements are needed. First, an administrative leadership that encourages creativity and utilization of new concepts and ideas. A teaching

staff receptive to change and willing to acquire new skills is also an important component. A FLEXIBLE AND OPEN ATTITUDE IS EXTREMELY IMPORTANT IN IMPLEMENTING THE PROGRAM and would be necessary in any school wishing to adopt this system.

In order to achieve the objectives of the program, teachers need to be trained to implement the diagnostic-prescriptive and management strategies employed. Inservice would involve: theory and application of positive reinforcement, use of formal and informal diagnostic instruments, training in remediating psycholinguistic skills, awareness of information in teacher-pupil interactions, analysis of available materials, and use of teacher aides and volunteers.

Cost

Estimated start-up costs are those costs in addition to the funds normally provided by the local school district for its elementary school program. Start-up activities would necessarily involve inservice training. While a nucleus of personnel could receive training in basic program areas at the Demonstration/Diffusion Center, additional assistance would be needed for the entire staff. Approximately five days divided between two different time blocks of teacher training in workshops with consultants, plus two hours a month inservice training for teachers is recommended to adopt the entire curriculum.

Cost of materials and equipment would vary, depending upon what is available in the school. For a new school, or one with very limited materials and equipment, approximately

$10.00 per child would be very adequate. OPERATIONAL COSTS AFTER INSTALLATION WOULD BE MINIMAL BEYOND THOSE NORMALLY PROVIDED BY THE LOCAL SCHOOL DISTRICT. Replacement of consumable materials might call for $500 to $800 beyond the usual school budget. This is the only financial supplement seen as necessary after teachers are fully trained. In-service training to maintain skills should be available through normal district budgets.

Further information about the New Adventures in Learning program is available from the addresses below. An introductory packet of materials includes detailed information on program objectives, goals, evaluation, and adoption.

June Johnson, Director
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W. T. Moore Elementary School
Route 17
Dempsey Mayo Road
Tallahassee, Florida 32308
904/877-8595

or

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Vermont Consulting Teacher Program

This program does not have Joint Dissemination Review Panel approval and therefore is not available through the National Diffusion Network. It is included here as an example of a successful itinerant consultant model. The steps for a successful consultative interaction and working

relationship need to be accommodated to the IEP process, but the steps, as outlined, retain the internal validity which effects educational success and change.

Vermont's Consulting Teacher Program is a teacher training-based model to provide special education within general education classrooms for children who had traditionally been labeled mildly retarded, learning disabled, neurologically impaired, or emotionally disturbed. Regular class placement for all children but the profoundly handicapped is made possible by the ongoing inservice training in applied behavior analysis and individualized instruction that provides regular classroom teachers with the necessary special education skills.

This program is based on four basic assumptions: a) to evaluate teacher effectiveness, there must be behavioral change of the learner as a function of the programs the teacher implements; b) all children can learn regardless of their handicaps; c) all teachers can learn to effect behavioral change for their learners; and d) the most promising methods that seem to help teachers effectively change the educational and social progress of children are derived from the experimental analysis of behavior. These procedures allow for the direct measurement of behavioral changes in the individual learner, the systematic implementation of learning principles, and direct evaluation of individualized instruction programs.

A major concern has been to help regular classroom teachers overcome stereotypes of how exceptional children learn. This is done through shaping confidence in teacher effectiveness with exceptional children through implementing the behavioral model of education.

Consulting Teachers follow a series of steps employing reinforcement principles to help convince teachers that they can effect behavioral changes in exceptional children. The major outcome of the consulting steps is to enable the teacher to develop and implement an individualized program for a referred child.

The process begins when an eligible learner has been referred by a classroom teacher for special educational services because of a deficit in language, math, and/or social behaviors. In this model, a child in a regular elementary classroom is eligible for special education services when the following criteria have been met:

1. The teacher refers the child to the Consulting Teacher. This referral must include a statement indicating deficits in language, arithmetic, and/or social behaviors, and a statement signed by the teacher indicating that the referred child has a profound need for Consulting Teacher services.

2. Measured levels of language, arithmetic, and/or social behaviors, which the referring teacher has indicated are deficient, must deviate from minimum objectives.

Target behaviors, thus, are those indicated by the teacher in the referral. The Consulting Teacher begins to train the referring teacher by developing classroom measurement systems that will assess referred target behaviors

that deviate from minimum objectives. Minimum objectives are those language, math, and social behaviors that all children of a particular class are expected to demonstrate at a given point in the school year.

Once target behaviors have been specified in terms of measures, the next step is to determine the referred child's entry level behaviors. A child's entry level for a particular curriculum area is his mastery of skills and knowledge in that area at the time of measurement. The entry level represents the sum total of all behaviors in the child's repertoire that are relevant to the defined target behaviors. All the steps thus far are consistent with the intent of the IEP process, and, while they may appear to be supplanted by the IEP process, must take place in order to establish a consulting relationship with a teacher.

After the entry level behaviors are measured, an instructional objective can be specified. The instructional objective includes: a) a behavior that can be reliably observed by at lease two independent observers, b) a statement of the conditions under which the behavior is to be observed, and c) a statement of the criteria for acceptable performance of the behavior (Wheeler & Fox, 1972). The teacher and Consulting Teacher together establish and commit themselves to achieve this instructional objective for the referred child.

Teaching/learning procedures are then developed and implemented to move the referred child from his entry level to the level specified in the instructional objective. In

this model, these procedures involve four basic principles derived from applied behavior analysis: a) reinforcement, b) scheduling of reinforcement, c) shaping, and d) effects of antecedent stimuli.

Reinforcement procedures involve the arrangement of environmental consequences for specified behavior that lead to an increase in the frequency of that behavior. When a child is acquiring a new behavior, it is important that a reinforcer occur every time the response is made. However, maintaining a new behavior that has already been learned is best achieved by certain kinds of intermittent reinforcement. Thus, procedures for scheduling reinforcement become important to the classroom teacher. Shaping refers to the process of acquiring relatively complex behaviors through a process of successive approximations to the desired behavior. Finally, antecedent stimuli refer to stimuli that set the occasion for the desired behaviors; textbooks, worksheets, verbal directions, and errorless discrimination procedures effect learning.

Evaluation of teaching/learning procedures completes the model. The progress of the child from entry level to the attainment of specified instructional objectives is periodically and reliably measured. Measures of the child's progress are compared with the entry level measures, and this comparison permits an evaluation to be made of the effectiveness of the teaching/learning procedures. Procedures are judged to be effective if the child is making adequate

progress toward the instructional objectives. If the measures indicate that he is not making adequate progress, then the procedures are modified.

Table 2 shows the relation between the individualized instructional model and the specific skills acquired by the classroom teacher as the consulting steps are followed. The

Table 2
Relation of Behavioral Model and Skills Acquired by Classroom Teacher during Consulting Steps

BEHAVIORAL MODEL	CONSULTING STEPS		SKILLS ACQUIRED BY TEACHER
Eligible Learner	STEP 1	Referral Procedure	
Entry Level	STEP 2	CONSULTING TEACHER/ TEACHER MEETING(s) for Baseline Diagnosis Procedures	defining target behavior in measurable terms measuring behavior reliably collecting recording and graphing data daily
	STEP 3	Consulting Teacher/ Teacher Meeting(s) to Establish Eligibility	
	STEP 4	Parent Meeting for Written Permission	involving parents in the education process
Instructional Objectives	STEP 5	Consulting Teacher Classroom Observations	writing individualized instructional objectives and procedures involving parents
	STEP 6	Decision Making Process for Intervention Procedures	
Teaching/ Learning Procedures	STEP 7	Parent Informational Meeting for Intervention Procedures	
	STEP 8	Implementation of Intervention Procedures	following teacher/ learning procedures precisely
Evaluation	STEP 9	Evaluation of Intervention Procedures	identifying possible reinforcing consequences in the classroom responding to changes in the behavior of the child
	STEP 10	Follow Through or Confirmation	

teacher gradually learns to define target behavior in measurable terms; measure behavior reliably; follow teacher/learning procedures precisely; collect, record, and graph data daily; identify possible reinforcing consequences in the classroom; write instructional objectives that respond to changes in the behavior of the child; and involve parents in the educational process.

The first consulting step is the written referral that briefly describes the child's problem; it is signed by the teacher and the principal. The teacher's signature indicates that (s)he considers the child is or will be in educational difficulty without such services. The principal's signature indicates his awareness of the child's educational difficulty. Steps 2 and 3 (meetings for obtaining baseline measures and establishing eligibility) provide the entry level measures necessary to derive the individualized instructional objectives as well as to establish the child's eligibility for special services. When entry level measures indicate that the child's performance is below the minimum rate required for all children to achieve the minimum skills, the teacher may receive Consulting Teacher services.

Once eligibility has been established, the parent meeting (Step 4) is arranged. The parent is asked to give written permission for the teacher to work with the consulting teacher in developing a learning program for the child. When the Consulting Teacher directly observes the child in the classroom (Step 5), certain possible intervention

procedures can be pinpointed and developed, which will be agreed upon in Step 6. After the parent has approved the proposed intervention procedures (Step 7), the teacher implements the plans on a daily basis in the classroom (Step 8) while continuing to obtain the daily measures. These measures provide the information for evaluating the procedures (Step 9). When the data indicate that the desired changes are not occurring for the child, the procedures are modified until desired changes occur. To assure continued success for the child, the teacher and the consulting teacher plan a follow-through program which is discussed with and evaluated by the parent (Step 10).

This step-by-step consulting process requires give and take. It is a social interaction process in which, at each step, the teacher engages in a certain behavior and the Consulting Teacher responds to the teacher. At any one of these steps, the Consulting Teacher must individualize the consulting process with the teacher with whom (s)he is dealing by applying the basic principles of:a) contingent reinforcement for implementation of each step of the behavioral model, b) appropriate scheduling of reinforcement, c) shaping or reinforcing small components of each step, or d) antecedent stimuli, such as specific instructions. (See Cossairt, Hall, and Hopkins, 1973, for a detailed analysis of a consultant's use of instruction, feedback, and praise on the effectiveness of a teacher's application of social reinforcement to increase an inattentive student's study skills.)

Sometimes, at Step 2, for example, the kind of measurement procedure that the Consulting Teacher first recommends is too complicated. The Consulting Teacher might model the implementation of the measurement procedure or recommend a less complicated procedure. The Consulting Teacher may provide more frequent contact with teachers who are just beginning to measure student performance.

At Step 3, the instructional objective may require the child to work on learning materials which are not available in the teacher's classroom (e.g., a fifth-grade student reading at second-grade level). The Consulting Teacher makes these materials which the teacher can use for all the children in the class.

If, at Step 6, the recommended intervention procedure is something that the teacher cannot incorporate into a busy schedule, the Consulting Teacher must be ready to recommend a variation of the procedure that will fit the teacher's individual style and schedule.

Before a Consulting Teacher enters a school district, five actions are undertaken. They include specific activities for the consulting teacher, district administrators, specialists and teachers that culminate in a written proposal describing the roles and products of all participants for the following year.

Action 1. Once a district has selected a Consulting Teacher, a meeting is held with the superintendent and/or designated key administrator (the person directly in charge

of the Consulting Teacher Program), and the Consulting Teacher to present a) an overview of the Consulting Teacher approach to special education, b) operational requirements including office location, equipment, and budget procedures, and c) guidelines for writing a proposal.

Action 2. A second meeting is held with the Consulting Teacher, key administrator, and building principal(s) to present the same information. In addition, the building principal(s) plan informational meetings for teachers and specialists.

Action 3. The key administrator, principal(s), and Consulting Teacher meet with the district specialists to exchange information relating to referral procedures, eligibility requirements, and service delivery procedures.

Action 4. The key administrator, principal(s), and Consulting Teacher meet with the teachers to discuss an overview of the Consulting Teacher approach, and the possible roles and levels of participation for the teachers (consultation, workshops, university graduate courses). In addition, teachers are asked to provide information on the number of children who are considered eligible for service.

Action 5. The completed proposal is signed by the key administrator, principal(s), other specified personnel (e.g., specialists or teacher association representatives), and the Consulting Teacher. The proposal includes the needs assessment verification of eligible children; objectives for the first year; long-range objectives in relation to serving all

eligible children in the district; a plan for the coordination of special services; roles of Consulting Teacher and assistant; roles of administrators, including supervision and evaluation of the Consulting Teacher; roles of teachers; and a milestone schedule for the following year.

Educational Consultation: Best Practices

This section will discuss two aspects of the consultation milieu: the establishment of consultation as an effective tool within the framework of available LEA services, and the utilization of an operational procedure to achieve a consistent level of success. The essential principles of successful educational consultation will be presented in a sequenced fashion, numbered, and briefly discussed. The rationale or philosophy of consultation as useful educational practice will not be specifically discussed but may appear occasionally as part of the brief discussion of certain principles.

1. An appropriate needs assessment is essential in the establishment of a consultation component.

What is appropriate in the ways of a needs assessment is specific to each situation. Planning the entire continuum of special education services with consultation as a viable component is different from adding a consultant component to an already existing structure, but an appropriate needs assessment for the latter is probably as complex as one for the former. Teachers, related services, specialists,

administrators, children, and parents who in any way could be involved or affected should be a strategic part of an initial needs assessment. Teachers should be encouraged to indicate the kinds of help they want and need. Administrators have programming and management needs and parents have communication needs.

2. The affected groups should be involved in developing long-term goals and objectives.

Groups which are going to be affected or involved must be involved in planning right from the start. They should be privy to the large picture of LEA needs and invested in the viable and visible response a consultation component makes to those needs. Consultation is a you and me concept; not this service or that service, but both services integrated. The nature of the integrated relationship is established during the planning stage.

3. The consultant role is clearly defined.

This is possible because needs have been established and then given some focus with the goal development. Sometimes role definition is avoided to keep things flexible but that becomes extremely problematic. Without role definition, responsibilities are obscured and working relationships which last beyond personalities cannot be established.

4. The consultant role exists in the context of a well-defined philosophy.

This may appear complicated but actually it's black and white. A philosophy of service delivery always exists and

is more or less defined. A service delivery role of this sort works where the philosophy is clearly defined and congruent with the goals out of which the role was defined.

5. The consultant role has administrative support.

If previous principles have been considered to this point and the operational mode of the consultant role addresses ongoing administrative concerns, administrators can be expected to own and support this role. This principle is central to success.

6. Administrators are provided adequate orientation and training concerning the consultant role.

This orientation and training can either precede role implementation or be included in the first few steps of the consultant operational mode. Administrators, particularly principals and other program managers, must be comfortable with the role's application to their concerns--how it affects what happens in their buildings and to their programs.

7. The consultation role has community support.

Community support will exist if the community has been involved in the development of the consultant role and the role has the support of its leadership. The term community can be as narrow as the school or as broad as the county.

8. The service receivers have adequate orientation and training to feel they can utilize the consultant's role and expertise.

Again, this training can precede role implementation or can be part of the role operation, but it should be defined

and continuous. Community support will exist concurrent with resistance and avoidance. Inherent in consultation or assistance of any sort is the potential perception that the helper feels/is superior while the service beneficiary feels/is inferior. This will continuously create problems in communication unless both the consultant and the service beneficiary understand one another's needs and perceptions.

9. Any indirect beneficiaries are identified.

This principle is on the fulcrum between establishing the consultant role and operating as a consultant. Indirect beneficiaries should be planned for or included in the planning, and operationally, a consultant should be aware of the effect of his/her input in order that results, as much as possible, be intentional and not accidental.

10. The consultant role is clearly defined.

Some may think they have seen this before, but, in truth, Principle 3 refers to role in terms of intended outcomes while this principle refers to manner of operation. The numerous principles that follow may seem to tightly constrict the role, but, in reality, since they are the rules that allow consultation to work within school systems, these principles are needed to liberate the role to produce results.

11. The role definition identifies the client (beneficiary), the nature of the consultation contract, and the operational model.

For instance, in Level I service provision, the client is the regular classroom teacher, the contract is that the consultant will seek to help change or modify teacher practices or materials as appropriate, the teacher/client agrees to be receptive to such changes, and this interaction takes place in the context of mutually agreed upon goals for a target child. An operational model could be of an interventionist type as in Table 3.

Table 3

Stage	Purpose	Agent
(1) Planning	To identify and clarify concerns a regular class teacher has regarding the pursuit of an educational objective(s) with a child or group of children	Consultant and teacher
(2) Observation	To obtain behavioral data (in the regular classroom) on teaching/learning situation regarding the teacher's concern(s) and objective(s)	Consultant
(3) Analysis	To analyze the data gathered in Stage 2 in order to hypothesize if a "problem" exists and the nature of the problem	Consultant
(4) Strategy	To hypothesize a strategy to further examine or remediate the problem	Consultant
(5) Conference	To discuss and formulate with the teacher what steps need to be taken to remediate the problem if one has been determined to exist (e.g., instructional methodology change; behavior management system implementation)	Consultant and teacher
(6) Implementation	To implement the strategy as determined in the conference	

The model above is simplified and is one of many.

A frequent problem is the view that consultation can take place with the above principle short-changed. The importance of knowing who the client is seems obvious, and and in the absence of either a contract or a process for achieving the contract, "consultation" becomes advice over coffee.

12. The consultants are adequately trained.

13. The consultants have working knowledge of the school culture.

Experience and depth facilitate successful consultation.

14. The consultant role has sufficient time allocated to service provision.

Specialists of various disciplines have often been used as consultants while maintaining their caseloads. Administrators often have no choice, given resource levels, and there is no inherent evil to splitting roles. Experience indicates, however, that specialists with direct service caseloads find their caseloads increase to the maximum allowed which effectively eliminates structured consultation and results in advice over coffee. Nonetheless, if consultation is valued and these principles are adhered to, split roles can survive because the consultation takes place in the context of an administratively established and approved structure.

15. Eligibility requirements are clearly defined.

This and several of the principles that follow make life easier for everyone, especially administrators, because they establish parameters or other measures which lend themselves to accountability and evaluation.

16. The referral, IEP, or any other method to request services is clearly defined.

Communication of eligibility requirements and the method to request services to the beneficiaries would occur under Principle 8.

17. Initiation of service delivery occurs without delay upon receipt of referral.

This principle is central to credibility with the beneficiaries.

18. The consultant is flexible within the role's framework.

The nature of the consultation and assistance must be individualized to meet specific needs and to deal with specific personalities, but always in the context of clarity around the consultant role and program goals.

19. The consultant intends to produce results as soon as possible.

This principle may appear controversial or superficial, but like Principle 17, it is central to consultant credibility and therefore to program success. The client/teacher has worked for years in a system that removed children who needed "special" help. The consultant is supposed to help the teacher "succeed" with a child. It is useful for all

purposes to begin with goals that have an immediate high potential for positive change simply to establish a history of success. This principle does not endorse snap judgments or short-changing the process, but beginning where there is good potential for success.

The integrity of Principles 17 and 19 are particularly difficult to maintain if the consultant has a large or inflexible direct service caseload. Responding quickly to teachers who request help, and providing the intensive assistance which can produce positive results upon which to build a working relationship, can be difficult if only three inconvenient hours in a week have some flexibility.

20. The consultant role has an adequate communication and reporting system.

Included in this principle are direct communication with clients/teachers, direct communication with principals and other supervisors, feedback mechanisms and consistent, defined evaluation components. In addition to a good communication system with clients for exchange of information, the consultant should have feedback from the teachers on the value of the help received built into the process. The consultant should keep the principal or supervisor informed of what (s)he is doing, not what the client is doing, in every case in which the principal has legitimate interest. Lastly, a consistent evaluation component aids monitoring of the child's (target of interaction) progress, monitoring of the consultant's services, and a means of measuring and improving the consultation process.

Adherence to all these principles leads to an effective consultation component in the continuum of special education services. Yet, systems which address all these components still have problems and occasional collapse of structure. A usual source of problems in consultation components are "burn out" and "competition for funds." For this reason, two additional principles are recommended which can be considered specific to maintaining consultation as a component once it is established and operating.

21. Establish a support system addressing professional growth and the ongoing mental health of consultant service providers.

This can be made part of a consulting teacher's responsibility. Insist, as a supervisor, that your staff "take care of themselves" in mutually supporting ways.

22. Develop a "we are all in this together" approach to problem-solving about programs.

If some programs exist at cost to other programs, there is a strong disincentive to work together or assist each other with specialized knowledge. If programs can exist because of the existence and assistance of other programs, the more you share, the more you are needed.

CHAPTER III: RESOURCES

This chapter contains three sections. First, twenty-two books and articles on consultation, mainstreaming, appropriate programs within the least restrictive environments, and relevant practices have been briefly annotated. Second, a sample of the survey utilized to obtain data from County Directors of Special Education is included. Third, a chart of the Maryland Continuum is attached.

Annotated Bibliography

Avila, Donald L.; Combs, Arthur W. and Purkey, William W. The Helping Relationship Sourcebook. Boston: Allyn and Bacon, 1971.

This paperback is a collection of articles dealing with the nature of the helping relationship. A sampling of contributing authors includes Carl Rogers, Donald Snygg, Earl Kelley, and Charlotte Buhler.

Combs, Arthur W.; Avila, Donald L., and Purkey, William W. Helping Relationships: Basic Concepts for the Helping Professions. Boston: Allyn and Bacon, 1971.

This book attempts to answer two questions: "What ideas about human behavior have special value for understanding the helping relationship?" and "What implications do these ideas have for effective practice in the helping professions?" The

underlying belief in this publication is that effective helpers need to be guided by the best we know about human behavior.

Deno, Evelyn N., Ed. Instructional Alternatives for Exceptional Children. Reston, Virginia: Council for Exceptional Children, 1973.

The major focus of this monograph is how the interface between general education and special education can be improved.

Section I is concerned with programs that train new kinds of professionals who work with general education teachers to help them develop and implement more effective instructional programs for handicapped students. A sampling of Section I includes articles on the Vermont Consulting Teacher Program, the Diagnostic-Prescriptive Teacher Program, and the Stratistician Model.

Dinkmeyer, Don and Dinkmeyer, Don, Jr. "Consultation: One Answer to the Counselor Role." Elementary School Guidance and Counselling. December, 1978.

In this article, the authors describe how the counselor role can become more effective by including consultation. Four priorities for a developmental model that manages by objectives are delineated.

Education Programs That Work, 6th Ed. San Francisco: Far West Laboratory for Educational Research and Development. Fall, 1979.

This publication is a resource of exemplary educational programs approved by the Joint Dissemination Review Panel of the Department of Education.

Grossman, Melyn L. "Schools as Systems and Society's Priorities." Journal of Teacher Education. Jan.-Feb., 1979.

This paper describes the interface between mental health and education. It highlights the training needs of the mental health consultant in learning to work with schools and those of teachers in accepting and using mental health input effectively.

Hewett, Frank M. with Steven Forness. Education of Exceptional Learners. Boston: Allyn and Bacon, 1977.

Part IV of this textbook is devoted to the different aspects of mainstreaming. The designs for services in Maryland, Vermont, and California are presented.

Gilliard, Asa G. "Teacher Education and Mainstreaming in 1985: A Mixed Preview." Teacher Education and Special Education. Vol. 2, No. 2. Reston, Virginia: Council for Exceptional Children. Winter, 1979.

Gilliard lists four major developments he foresees happening within teacher education in the next five years.

Jordan, June B., Ed. Teacher, Please Don't Close the Door: The Exceptional Child in the Mainstream. Reston, Virginia: Council for Exceptional Children, 1978.

Thirteen papers, based on presentations by consultant and resource teachers, local and state administrators, higher education faculty, a specialist in educational change, and a parent, at the CEC Invisible College Conference on Mainstreaming constitute this publication.

Little, Thomas L. "The Teacher Consultant Model--A Different Perspective: A Reaction to Symposium 13." Journal of Special Education, Vol. 12, No. 3. 1978.

This article reacts to and expands a symposium on the desirability of a transition from the "diagnostic-remedial model" to the "teacher-consultant model" as means of providing services to children with mild handicaps. Little describes the need for role specificity and the implications such a role would have on personnel preparation programs.

Miller, Ted L. and Sabatino, David A. "An Evaluation of the Teacher Consultant Model as an Approach to Mainstreaming." Exceptional Children. Vol. 45, No. 2. Oct. 1978.

This research contrasted the effects of the teacher-consultant model and resource room model on student achievement and student and teacher behavior.

Montgomery, Mark D. "The Special Educator as Consultant: Some Strategies." Teaching Exceptional Children. Vol. 10, No. 4. Reston, Virginia: Council for Exceptional Children. Summer, 1978.

This brief article offers advice to special education teachers who consult with general educators.

Neilsen, Linda. "An Inservice Program for Secondary Learning Disabilities Teachers." Journal of Learning Disabilities. Vol. 12, No. 6. June/July 1979.

The results of this research indicate that high school teachers' attitudes and instructional strategies can be altered through consultation.

Parker, Clyde A., Ed. Psychological Consultation: Helping Teachers Meet Special Needs. Reston, Virginia: Council for Exceptional Children. 1975.

This publication analyzes the practice, theory, and use of consultation as viewed by experts in the field.

Reynolds, Maynard C. and Davis, Malcolm C., Eds. Exceptional Children in Regular Classrooms. Minneapolis: University of Minnesota.

This publication consists of sixteen articles by various experts in the field of special education. These essays are concerned with strategies for improving general educational services for handicapped students.

Sarason, Seymour B. The Culture of the School and the Problem of Change. Boston: Allyn and Bacon, 1971

This book describes and analyzes reasons for the school's frequent reticence to grasp or be open to

change. Sarason points out principles to follow to enhance the initiation of any kind of change within the schools.

Wade, David O. and Knight, Martha P. "Applying Behavioral and Political Principles in Developing Mainstream Special Education Programs." Paper presented at the Annual Convention of the Midwestern Association of Behavior Analysis. May, 1978.

This paper analyzes the variables effecting the success of mainstreaming programs in twenty-seven school districts in Vermont.

Warfield, Grace J., Ed. Mainstream Currents. Reston, Virginia: Council for Exceptional Children, 1974.

This publication includes relevant articles on mainstreaming which appeared in Exceptional Children from 1968 to 1974. Included in this collection are Dunn's article, "Special Education for the Mildly Retarded--Is Much of It Justifiable?", Deno's article, "Special Education as Developmental Capital," and "Categories and Variables in Special Education" by Reynolds and Balow. This book contains much of the influential literature during the 1968-1974 time span.

Wenger, Ralph D. "Teacher Response to Collaborative Consultation." Psychology in the Schools, Vol. 19, No. 1. Jan. 1979.

This research investigated teacher responses to a consultant's efforts to foster either a collaborative or expert consultation relationship. There

was no significant difference in the extent of recommendation implementation of the two groups of teachers, but a consultant approach--teacher experience interaction was suggested.

Westling, David L. and Joinir, M. Douglas. "Consulting with Teachers of Handicapped Children in the Mainstream." Elementary School Guidance and Counselling. Vol. 13, No. 3. Feb. 1979.

The authors offer approaches for school counsellors to use when consulting with teachers who are attempting to provide an appropriate environment for handicapped students.

Weiderhold, J. Lee, Hammill, Donald D. and Brown, Virginia. The Resource Teacher: A Guide to Effective Practices. Boston: Allyn and Bacon, 1978.

This publication addresses several issues surrounding the role of the resource teacher. Among other responsibilities, the authors emphasize the importance of consultation as a major ingredient in helping general education teachers acquire new skills to maintain an appropriate learning environment for handicapped children.

MID-EAST REGIONAL RESOURCE CENTER SURVEY
of
LEVEL I SERVICES
in
MARYLAND

The Mid-East Regional Resource Center serves the state departments of education of Maryland, West Virginia, North Carolina and Delaware. We are managing this survey, at the request of the Maryland SEA, as the result of an agreement we have with the Division of Special Education to produce a resource manual for Level I services. The potential usefulness and application of the resource manual to the needs of counties throughout Maryland will depend to some extent on your responses, so while the questionnaire is as brief as it could be designed, do not feel you must restrict your responses to the spaces provided. Both the Resource Center and the Maryland State Department are available for clarification.

Definition of Terms Used

Level I is designed to assist the non-special education teacher in the development and implementation of a special education IEP through the provision of supplementary services which are not provided in the general program.

Level I Service Providers - are defined as special education and related services personnel who are providing direct or indirect instructional consultation to a regular education teacher, and/or are providing special materials and equipment to regular education teachers.

Level I Service Receivers - are defined as non-special education teachers who are in need of assistance in developing and implementing a special education IEP through the provision of supplementary services, i.e., not available in the general program.

SURVEY I: For Prince George's County Public Schools, classified for this survey only as a metropolitan system.

Mr. Robert T. Coombs, Director of Special Education
PG County Public Schools, Upper Marlboro, MD 20870

Filled out by designee

_____
Name Position Phone

_____
Address City State Zip

1. Level I Services are provided by (check appropriate alternatives):

   _____ special education teachers delivering level I services, full time

   _____ special education teachers delivering level I services and another level(s) of service, concurrently

   _____ related services personnel

   _____ other (please specify)

2. Does the local education agency have requirements concerning the caseload or ratios of level I service providers to regular educators or to special education students?

   _____YES ____NO

   If yes: Caseload limit is____regular education teachers per level I service provider.

   Caseload limit is ____special education students per level I service provider.

3. Does the local education agency use a specific model or models for implementing level I services?

   _____YES ____NO

   If yes: please briefly identify and describe the model below:

_____

_____

_____

4. Does the local education agency currently provide inservice training to level I service providers?

_____YES _____NO

If yes: please describe briefly:

_____

_____

_____

_____

5. Check the funding sources the local education agency is presently using to provide level I services:

_____94-142 Part B _____State

_____89-313 _____Title VI-C

_____Local _____Voc. Ed. (P.L. 94-482)

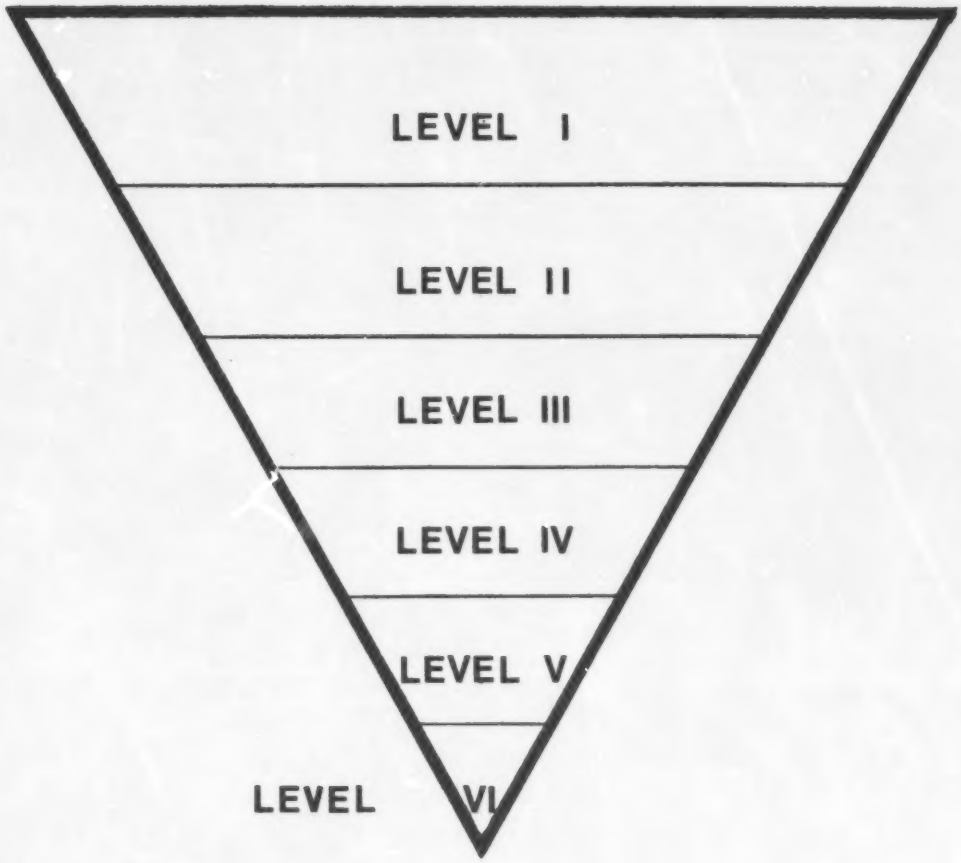
_____Other (specify

6. Please specify below the local education agency's priority needs concerning the provision of level I services.

Directions: Please check the appropriate cells which describe the types of Level I services provided by your personnel in the various positions.

Types of LEVEL I services	LEVEL I Service Provider	Special Education Teacher	Diagnostic Prescriptive Teacher	Speech and Language Pathologist	Psychologist	School Nurse	Occupational Therapist	Physical Therapist	Counselor	Others
Consultation concerning resources, techniques, and strategies for instructional programming.										
Consultation concerning the integration of handicapped children with nonhandicapped children.										
Provision of special material and/or equipment.										
OTHER (specify)										

MARYLAND CONTINUUM



Level I may be considered appropriate for the child who has been identified through the educational assessment as having an educational handicap in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served in the general education program receiving supplementary services. Level I is designed to assist the non-special education teacher in the development and implementation of a special education IEP through the provision of supplementary services which are not provided in the general program. Services provided include direct or indirect instructional consultation services to the teacher, and/or the provision of special materials and equipment. The minimum staffing ratio for Level I service shall be one full time equivalent professional for each 150 non-special education teachers employed by the local education agency.

Level II may be considered appropriate for the student who has been identified through the educational assessment as having an educational handicap in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served by receiving service through the special education program not to exceed an average of one hour per school day. Level II is designed to provide a program of special educational intervention directly to the student. This level is designed to meet the special educational needs of the handicapped child who requires a

degree of educational intervention not available in the general education classroom. Services are provided by a professional on an intermittent or continuous basis (for example, vision, speech and language). The instruction may be given on an individual basis or in small groups. In addition, personnel serve as a resource to the teacher in suggesting activities which would enhance the student's achievement. The maximum caseload for Level II service shall be an average of 60 handicapped students with special educational needs per each full time equivalent professional.

Level III may be considered appropriate for the child who has been identified through the educational assessment as having an educational handicap in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served by receiving special educational services not to exceed an average of three hours per school day. Level III is designed to provide periods of more intensive special educational services (for example, academic, vision, speech, language) on a regular basis. In addition, personnel serve as a resource to the teacher in suggesting activities which would enhance the student's achievement. The maximum caseload for Level III services shall be an average of 20 different handicapped students with special educational needs per full time certified special education teacher or an average of 30 different handicapped students, if a full time aide is also provided.

Level IV may be considered appropriate for the student who has been identified through the educational assessment as having handicaps in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served by receiving special educational services up to 6 hours per school day. Level IV is designed to provide a special class within a general education facility in which a student receives most or all of his basic educational program. Services include special education provided by a special education teacher and related services as described in the IEP. The student shall participate in the general program as appropriate and shall have access to other supplementary services consistent with those provided to students in the general education program. The maximum class size for Level IV service at the elementary level shall be an average of 10 handicapped students with special educational needs per full time teacher or an average of 13 students if a full time aide is also provided. The maximum class size for Level IV service at the secondary level shall be an average of 12 students with special educational needs per full time certified special education teacher or an average of 15 students, if a full time aide is provided.

Level V may be considered appropriate for the student who has been identified through the educational assessment as having a handicapping condition in one or more of the following areas: cognitive, emotional, or physical, or all of these,

and who requires a comprehensive special education setting for his entire school day in a special wing or day school. Services are provided in a comprehensive special education setting which includes special equipment and related services. The maximum class size for Level V service for handicapped children shall be an average of six handicapped students with special educational needs per full time certified special education teacher or an average of nine if a full time aide is provided. The maximum class size for Level V service for children with significant physical impairments shall be an average of seven handicapped students per full time certified special education teacher and a full time aide.

Level VI may be considered appropriate for the student who has been identified through the educational assessment as having a handicap in one or more of the following areas: cognitive, emotional, or physical, or all of these, and who requires 24 hour special education programming and personal care. Level VI is designed to provide instruction or treatment, or both, on a short or long-term basis in a residential setting, which includes a comprehensive special education program, special equipment, related services and 24-hour personal care. The maximum class size for Level VI service shall be an average of four handicapped students with special educational needs per full time certified or licensed professional or an average of seven, per class where an aide is present.